

Washington State Department of Health
**Public Health Emergency
Preparedness and Response Program**



2010 Annual Summary Report





**A Message from
Mary Selecky,
Secretary of Health,
and
John Erickson,
Special Assistant**



The Washington State Department of Health is pleased to present the *Public Health Emergency Preparedness and Response Program 2010 Annual Summary Report*. As you'll see in the pages that follow, emergency preparedness and response activities include everything from managing and allocating resources to providing on-the-ground support during emergencies.

To accomplish this work we collaborate with local, state and federal partners. Our goal is to prepare together to make sure we're ready to meet any public health emergency.

In this report we've described some of the many efforts that go into building and maintaining an effective public health emergency preparedness and response system. One of the things the report doesn't adequately capture is the dedication of our staff and partners to this work. Our team is committed to providing an effective emergency response system for the people of our state.

About this report

The PHEPR 2010 Annual Summary Report describes activities for the grant year 2009 (August 2009 through August 2010).

This year we have changed the format to reflect the national Department of Health and Human Services' directive to plan and respond based on public health emergency preparedness capabilities. The Centers for Disease Control and Prevention described in the *National Health Security Strategy* to serve as a framework for public health preparedness. Every state is expected to achieve these capabilities.

This new approach for public health emergency response planning has more fully integrated the various aspects of preparedness and response. This report attempts to demonstrate this comprehensive strategy.

Preparing the State for Public Health Emergencies

Our Program

Our federally funded statewide program is essential to assure that Washington State can respond to a variety of public health emergencies and disasters.

Our agency's success in preparedness and response activities depends on all five divisions in the department. Our program is matrix managed to promote efficient use of our staff's talents and expertise. Although staff are located across the agency, we all work toward the same program vision, mission and goals.

Vision Statement:

Washington State responds effectively to
public health threats and emergencies.

Mission Statement:

The Public Health Emergency Preparedness and Response Partnership prepares
for and responds to major, acute threats and emergencies, including terrorism,
that impact the health of the people of Washington State.

Program Goals:

- Prepare systems and partners for effective emergency response
- Work to assure that effective disease surveillance systems are in place statewide
- Develop surge capacity for the health system response
- Increase internal and external awareness of public health threats and our activities

Public Health Emergency Preparedness Capabilities

Achieving Preparedness

Our work is guided by the following 15 public health emergency preparedness capabilities.

- Public Health Surveillance and Epidemiologic Investigation
- Public Health Laboratory Testing
- Community Preparedness
- Community Recovery
- Emergency Public Information and Warning
- Information Sharing
- Emergency Operations Coordination
- Mass Care
- Medical Countermeasure Dispensing
- Non-Pharmaceutical Interventions
- Fatality Management
- Responder Safety and Health
- Volunteer Management
- Medical Surge
- Medical Material Management and Distribution



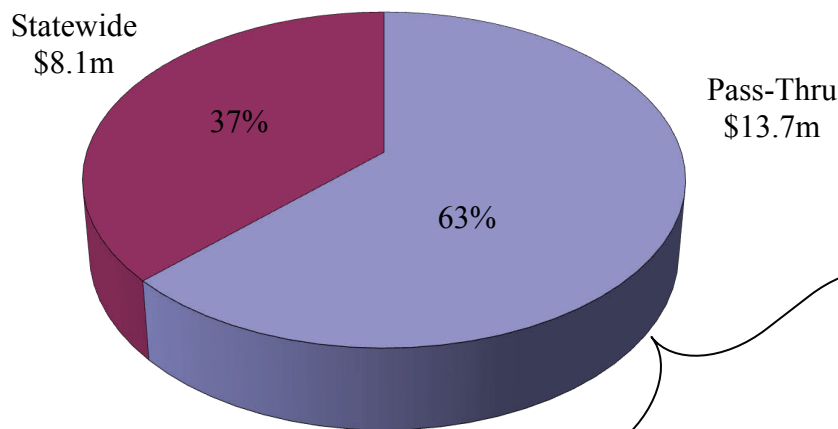
Using our Resources

Our program is dedicated to effectively using its resources to improve our public health and health care systems' ability to respond to public health emergencies.

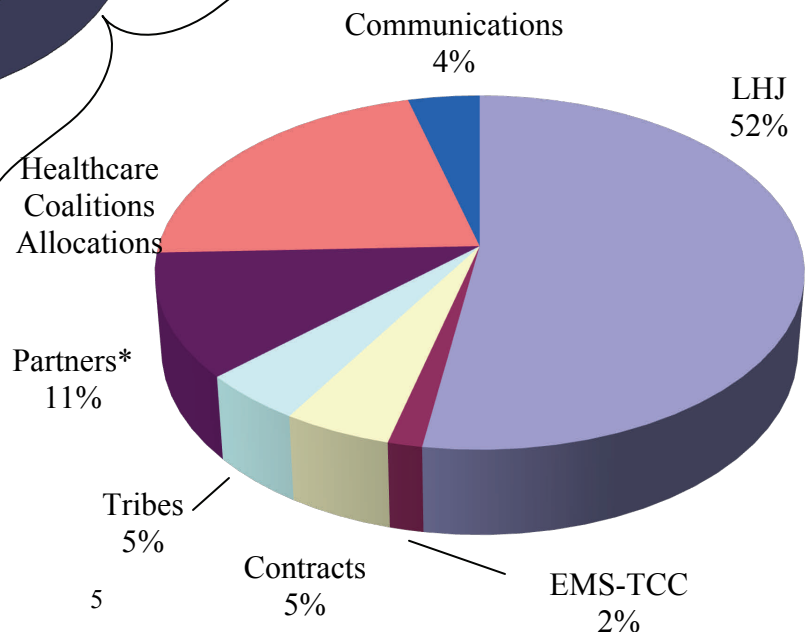
With our partners, we build preparedness capacity and capability. Our primary activities are to:

- Plan for emergency response and continuity of operations for our agency during an emergency.
- Exercise plans annually to determine areas for improvement.
- Train staff.
- Provide technical assistance and emergency response support to regional and local partners.
- Help local and regional partners obtain response equipment and supplies.

FFY 2009 PHEPR Expenditures — \$21,823,523



FFY 2009 Pass-Through \$13,690,312



* Partners include organizations that provide technical assistance to the agency and act as liaisons with health care providers.
** Local Health Jurisdictions (LHJ)
*** Emergency Medical Service—Trauma Care Councils (EMS-TCC)

Working with our Partners

We work collaboratively with approximately 100 partners to assure that the state is prepared for any type of public health disaster or emergency.

Washington State Hospital Association

The Washington State Hospital Association (WSHA) is a membership organization representing community hospitals and several health-related organizations. The association provides issues management and analysis, information, advocacy and other services. Our work with WSHA allows us to collaborate with the 102 hospitals in the state. WSHA provides us with expertise and recommendations to assist us and the hospitals with this process. The nine healthcare coalitions are tasked annually to determine their equipment and training needs. This lengthy and complex process is coordinated through WSHA. We also often call upon WSHA to assist us with policy recommendations on a variety of health issues such as: strategic planning, medical countermeasures and personal protective equipment.



Local Health Jurisdictions

Public health emergency response starts at the local level. We work closely with our 35 local health jurisdictions (LHJs). Our agency provides the LHJs with technical assistance and support to prepare for and respond to emergencies. They in turn contribute knowledge and expertise in the form of recommendations for our strategic planning process. Nine of the LHJs also provide resources and leadership at the regional level.

Tribal Partnerships

Our program offers federal grant funding to 29 tribes in Washington State. This funding is intended to help the tribes to build public health and healthcare emergency response capabilities in their communities. We also work with the Northwest Portland Area Indian Health Board (NPAIHB), the Northwest Tribal Emergency Management Council (NWTEMC) and the American Indian Health Commission (AIHC), to further develop a comprehensive planning approach for the tribes. Our partnership with the tribes has led to work that is nationally recognized for excellence.

- *7th Annual Tribal Emergency Preparedness Conference:* The 2010 conference brought together tribal, state, local and federal agency staff to discuss the collaboration and training needed to improve tribal emergency preparedness and response.
- *Public Health Video Conferencing Network:* With overwhelming support from local health jurisdictions and tribes, we established the Washington State Public Health Video Conference Network (PHVCN). We currently have PHVCN equipment located in 13 tribes and 23 LHJs.
- *Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement:* The Olympic Peninsula Tribal-Public Health Mutual Aid Agreement (MAA) is the first of its kind in the nation. All seven tribes and three local health jurisdictions have signed the MAA.

Regional Emergency Medical Services and Trauma Councils



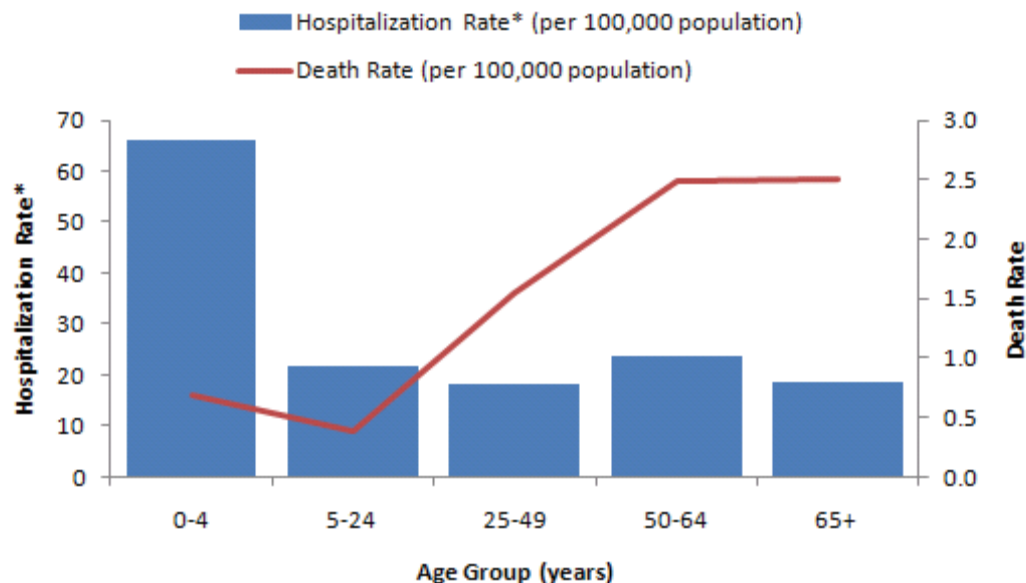
The Regional Emergency Medical Services and Trauma Care Councils (EMS TCC) are important partners that assist the regional healthcare coalitions in preparing for emergencies. The councils work closely with hospitals, local health jurisdictions and WSHA to assure that the healthcare systems have response plans in place, exercise their plans, and use their plans when training.

H1N1 Influenza in Washington State

From April 2009 to February 2010, Washington State's public health system was faced with the largest public health threat in recent history. The H1N1 pandemic in Washington resulted in 95 deaths and at least 1,617 hospitalizations.

- The public health system contracted with 2,517 health care providers and pharmacies throughout the state to get 1,885,600 doses of vaccine dispensed to the most vulnerable people and the general public. Local health jurisdictions helped distribute the vaccine and administered 606,450 shots at local clinics.
- We stockpiled more than 250,000 courses of antiviral medication and more than 2 million pieces of personal protective equipment.
- The agency approved Emergency Medical Service (EMS) providers to do emergency immunizations to assist with medical surge. Nine counties used EMS to provide H1N1 vaccinations.
- We used the media to inform and educate the public and ran messages 3,450 times on TV and ran over 8,000 radio advertisements in both Spanish and English.

Number of severe 2009 H1N1 influenza cases reported to DOH (n=1667)



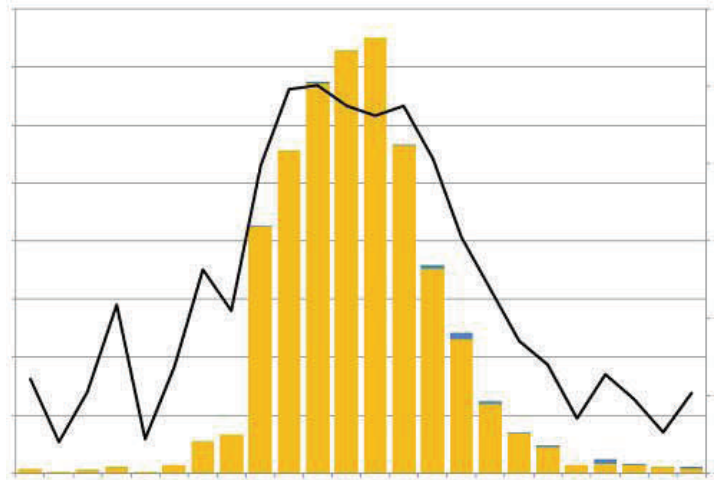
- We started planning for a global flu epidemic about six years ago with support and direction from federal partners. Laying this groundwork was critical to our effective response.
- When the event was identified we organized an incident command structure for our agency and kept this in place for the entire event. Many LHJs and tribes set up their own incident command structures as well. Consistent information was shared across the state through these command centers. Federal H1N1 funds were distributed quickly to local partners.
- Early in the event we enhanced disease surveillance to determine the impact of the pandemic, the geographic spread of the virus in Washington and risk factors for severe illness or death.
- We worked hard to convey accurate and timely messages following national recommendations about who should receive the vaccine first, how to prepare, and what to do if you are ill.
- We communicated with the public through the news media, TV and radio ads and a website maintained by our agency. The LHJs and tribes added our link to their websites and added their local information.
- All 35 LHJs updated their public health emergency plans and completed after-action reports and corrective action plans.
- In partnership with tribes, we created a culturally appropriate video on H1N1 prevention, *H1N1: No Ordinary Flu*. It was shown on Northwest Tribal News, in tribal clinic waiting rooms, tribal websites and on YouTube.



For more information about H1N1 response activities:
http://do.wa.gov/flu_news

Surveillance & Epidemiological Investigation

We are strengthening the systems that allow us to track diseases, investigate disease cases and detect disease outbreaks. These systems and processes must be capable of meeting the increased demand placed on them as the result of a major public health threat.



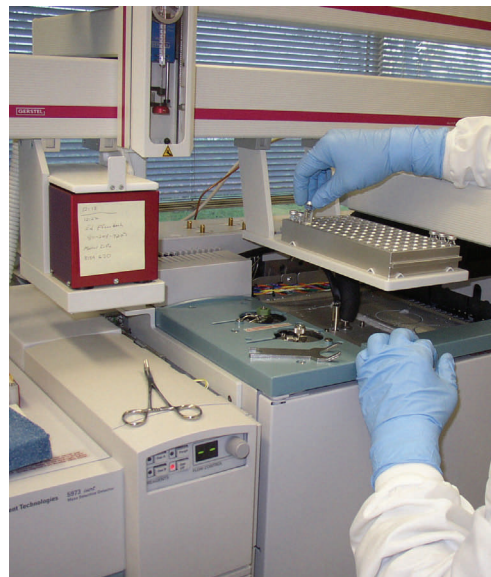
Example of an epidemiological curve

2010 Highlights

- 265 public health professionals registered for the fall and spring Epi Road Shows held four times in 2009-2010. Topics included: influenza surveillance, international health regulations, virology/serology testing, “5930” update, role of the medical examiner in public health and West Nile virus.
- The agency coordinated 10 suspicious substance investigations among local health jurisdictions, local law enforcement, the Department of Health, and the Federal Bureau of Investigation, including one multi-state federal investigation.
- A diverse group of health professionals was convened to develop revisions to the notifiable conditions rule, illnesses that need to be reported to the health department in a specific time. This revision will support quicker, more thorough and more efficient public health response in protecting communities from biological and chemical threats.
- For more information about Epidemiology & Surveillance, visit us at: <http://www.doh.wa.gov/notify/>

Public Health Laboratory Testing

We are building our state's laboratory capacity to test samples and share data in response to chemical, radiological and biological incidents.



2010 Highlights

- The Public Health Lab tested 3,174 specimens of suspected H1N1 cases in five months (May-October 2009).
- We also received and tested more than 15 samples of unknown powders. Key incidents were the “white powder” letters to the Seattle Times, the incidents involving federal buildings across the state, samples collected at a water facility, and white powder sent to a local official.
- The chemical lab team was recruited to assist with the Gulf oil spill response to do polycyclic aromatic hydrocarbon analysis.
- Washington was chosen to conduct a project that will monitor levels of metals and pesticides in our population. Our agency was chosen because it has the required chemical laboratory instrumentation and staff that are familiar with the methods used.
- For more information about Public Health Laboratories, visit us at: <http://www.doh.wa.gov/EHSPHL/PHL/>

Community Preparedness and Recovery

We are working to prepare our public health and healthcare systems to withstand and recover from public health incidents. Recovery includes restoring public health, medical and mental health services to at least pre-incident levels.



2010 Highlights

- The agency has worked diligently to strengthen its planning relationship with the Department of Social and Health Services to better provide mental and social health services during, and while recovering from a public health disaster.
- Three Washington regions conducted an earthquake response exercise during the past grant year. Major findings included: 1) the regional concept can be of significant benefit, 2) evacuation plans need work, 3) communications between partners is improving, and 4) staff need more emergency response training.
- The agency continues to partner with the Washington State Emergency Management Division (EMD) to develop training. This year we developed the *Plan Development Training* course for emergency planners including public health and healthcare system planners.

Emergency Operations Coordination

We are establishing a consistent, scalable process for overseeing, organizing and supervising our response to an event with public health or medical implications. Our processes are consistent with those presented in the National Incident Management System.



2010 Highlights

- Since April 2009 the department's emergency operations center (EOC) volunteers have increase by 300%! Over 140 staff are now trained and ready to respond for the next emergency.
- The agency EOC training program has been expanded to include *Introduction to the EOC*, *Basic Refresher* and section specific training. The *Basic Refresher* and one section trainings are offered quarterly.
- Over 52 state and local public health and medical staff received training in radiological emergency response conducted by a radiological expert from the Chernobyl incident. The coordination and training activities were successfully tested in a June 2010 exercise.
- Planning for the 2010 Olympics in Vancouver, British Columbia resulted in a binational model for moving chemical antidotes across international borders. We are now working on similar processes to move other health and medical resources across borders.

Emergency Public Information & Warning

We are enhancing our ability to share preparedness information with the public and our partners and to provide them with consistent directions, alerts and notifications during a public health emergency.

2010 Highlights

- In 2010 the Secure Electronic Communication, Urgent Response, and Exchange System (SECURES) continued to increase its user audience among public health partners. Local health jurisdictions and tribes, as well as neighboring states and British Columbia, expanded their roles and activities. For example, we enrolled all of the major hospitals in PHEPR Regions 1, 5 and 6 in preparation for the 2010 Winter Olympics in Vancouver, BC.
- SECURES document library use has expanded significantly as our public health partners take advantage of its information-sharing capabilities.
- We conducted a nationally recognized outreach campaign on flu issues and preventing the spread of germs. The campaign included statewide TV, radio, transit, mail and print materials as well as online ads.
- During H1N1, our statewide public health emergency hotline and the information provided through WIN 2-1-1 assisted thousands of callers.
- Based on partner requests, we translated materials into Chinese, Korean, Spanish, Vietnamese, Russian, Somali, Tagalog, Arabic and Nepalese.

Mass Care

We support efforts to establish facilities and systems for distributing large amounts of medication, supplies (such as hearing aid batteries and incontinence supplies) and health services to those impacted by a public health emergency.

2010 Highlights

- Although our agency is not the lead, we work very closely with the Department of Social and Health Services to support them on mass care issues.
 - We have collaborated and contributed to the Emergency Support Function #6 plan.
 - We are an active member of the work groups addressing the issue of shelters related to disaster planning, particularly focused on King County and the possible Green River Valley flooding.
 - We developed and distributed a white paper on health concerns that need to be applied to shelter planning.
- We continue to support local health agencies and their efforts in medical needs shelter planning.

Fatality Management

We are working to ensure the proper management of disaster victim's remains and personal effects during a public health emergency. We also support efforts to ensure that family members, responders and survivors of an incident have access to mental health services.

2010 Highlights

- We hosted the popular National Mass Fatalities Institute's course, *Mass Fatalities Incident Response Planning* during the last week of April 2010. 62 partners and planners attended the Western Washington course and 25 attended the Eastern Washington course.
- \$250,000 was dedicated to the purchase of fatality management supplies around the state. These assets are held at the local level and available for use across the state in the case of a mass fatality incident that may overwhelm a single jurisdiction.

Medical Countermeasure Dispensing

We are working to make sure we can dispense the preventive medication, vaccinations or treatment required for an effective response to a disease outbreak or other incident.



2010 Highlights

- The agency continues to score very well in the National Technical Assessment Rating, which evaluates our ability to receive, store and distribute the Strategic National Stockpile (SNS) of federal medical assets. This year we scored a 94%.
- Local health jurisdictions demonstrated this capability this year by completing multiple mass immunization clinics throughout the state. Additionally, several local health jurisdictions conducted and documented mass dispensing exercises.
- The agency hosted the *Bioterrorism Mass Prophylaxis Preparedness and Planning* course in support of Washington's Strategic National Stockpile program. Preparedness, planning and demonstrating a Point of Dispensing (POD) setup were the key objectives of the course. Representation from around the state included participants from Spokane, Lewis, Adams, Asotin and Benton-Franklin counties; Fairchild Air Force Base; Colville Tribes; as well as Oregon and Idaho.

Non-Pharmaceutical Interventions

We provide recommendations and guidelines for limiting exposure and preventing the spread of disease during an outbreak and will help local governments implement strategies that might include:

- **Isolation and quarantine**
- **Restrictions on movement, travel advisory/warnings**
- **Social distancing**
- **External decontamination**
- **Hygiene**
- **Personal protective behaviors**
- **Shelter in place**



2010 Highlights

- During the H1N1 outbreak, our agency, in cooperation with the Office of the Superintendent of Public Instruction, organized three videoconferences for schools, school districts, the school nurse corps, teachers, other school officials and local health jurisdictions. Topics included: influenza prevention in schools; instructions on how to report a school closure and who should do it; and recommendations for promoting good communication between the school that is closing and the local health district.
- We also created and distributed guidance on influenza prevention in public settings to local health jurisdictions and state agencies and organizations.
- Our agency worked with the Emergency Management Division to increase information outreach with the business community on pandemic influenza prevention and preparedness. This included posting up-to-date information on the Emergency Management Division website where it would be easily accessible to businesses.

Responder Safety & Health

We help to ensure that public health staff, medical personnel, and emergency responders are adequately trained and properly equipped to respond safely during a public health emergency.



2010 Highlights

- During the H1N1 outbreak response, public health provided guidance on the use of N95 respirators and other infection control issues to healthcare providers.
- Agency staff with response roles are regularly trained and tested on worker safety protocols.
- Our agency established a rotating managing executive system to better assure psychosocial and stress management needs were addressed appropriately.

Medical Materials Management and Distribution

We are working to establish the ability to receive, store, track and distribute emergency supplies such as pharmaceuticals, gloves, masks and ventilators. We are also establishing methods for locating and recovering unused medical supplies after an incident.



2010 Highlights

- Emergency health and medical resources planning has continued, and the training of staff paid off during the second and third major distribution of SNS supplies in October and November of 2009 when staff operated the Receiving, Storage and Shipping system and received, inventoried, stored and/or distributed an additional 6,000 bottles of Tamiflu suspension and 1.2 million N-95 respirators.
- The agency has continued to provide funding to purchase and place in hospitals antibiotic drugs for staff, families, patients and hospital-based first responders.
- We continue to provide additional equipment, including communications equipment and ventilators.

Medical Surge

We are working with our partners to find ways to meet the high demand for medical, mental health and public health services that might otherwise overwhelm our systems during a public health emergency. Our approach emphasizes providing emergency services while maintaining continuity of care for the urgent needs of those with non-incident related injuries/illnesses.

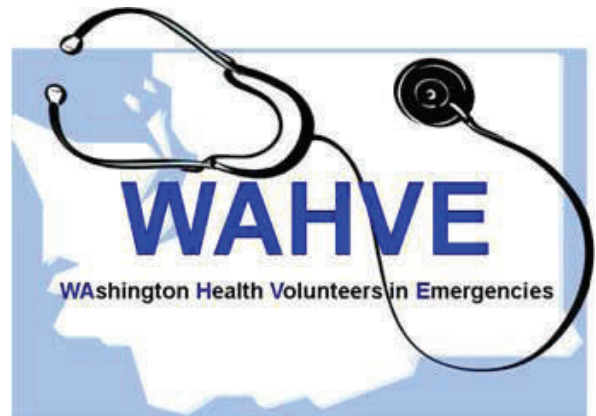


2010 Highlights

- All nine PHEPR regions in Washington have plans to set up an Alternate Care Facility (ACF). Of those, eight have purchased ACF caches.
- The agency hosts quarterly ACF Standardization Committee meetings. The committee provides technical assistance for standardized planning and equipment purchases across the state.
- The agency provides funding to each of the nine regions to continue to expand equipment, supplies, and planning and training to support medical surge capacity and capability.

Volunteer Management

We are building systems for coordinating the identifying, recruiting, credentialing, training and engaging volunteers to help public health agencies and health care providers respond to incidents of public health significance.



2010 Highlights

- On June 4, 2010, over 100 healthcare provider and Medical Reserve Corps volunteers came together for the first annual Washington Health Volunteers in Emergencies Volunteer Training Event. Training topics included incident command, field triage and psychological first aid, as well as disaster deployment. Volunteers had the opportunity to enhance their skills while getting a better understanding of their potential roles in public health response activities.
- One participant stated, “I thought that it was a very good conference/workshop. I especially enjoyed the testimonies from the morning speakers. They identified that deployment is no walk in the park...that the volunteer needs to be flexible, the weather can work against you; things to really emphasize with volunteers.”

Return on Investments

- We earned a 94% in the National Technical Assessment Rating for our ability to receive, store and distribute medical supplies and equipment to our local providers during an emergency.
- Our emergency communications websites had over 500,000 hits in the past year.
- We created five regional mass fatality supply caches. Personal protective equipment and disaster site supplies are stored in trailers which can be easily transported when needed.
- We coordinated 11 suspicious substance investigations with local health jurisdictions, the Federal Bureau of Investigation and local law enforcement — two of which involved the poison Ricin.
- The Washington State Public Health Inter-Jurisdictional Mutual Aid Agreement has been signed by all 35 local health jurisdictions (LHJs). The LHJs agree to voluntarily aid and assist each other during a public health emergency event.
- The Olympic Peninsula Tribal-Public Health Mutual Aid Agreement is the first its kind in the nation. Seven tribes and three local health jurisdictions have signed this comprehensive agreement.

Future Plans

As this report has shown, public health has made significant strides in emergency preparedness, but there is more work to do. The Department of Health's Public Health Emergency Preparedness and Response program is committed to helping our state prepare to meet future challenges through:

Effective Planning

We will continue to improve state plans and to provide technical assistance to partners in planning, training and exercises to help maintain system-wide readiness.

Detection and Response Readiness

We will maintain robust epidemiology and surveillance plans to help assure rapid disease detection and response capabilities. We will also maintain the highest standards of laboratory readiness to help assure rapid and effective response to biological, chemical and environmental emergencies.

Communication and Outreach

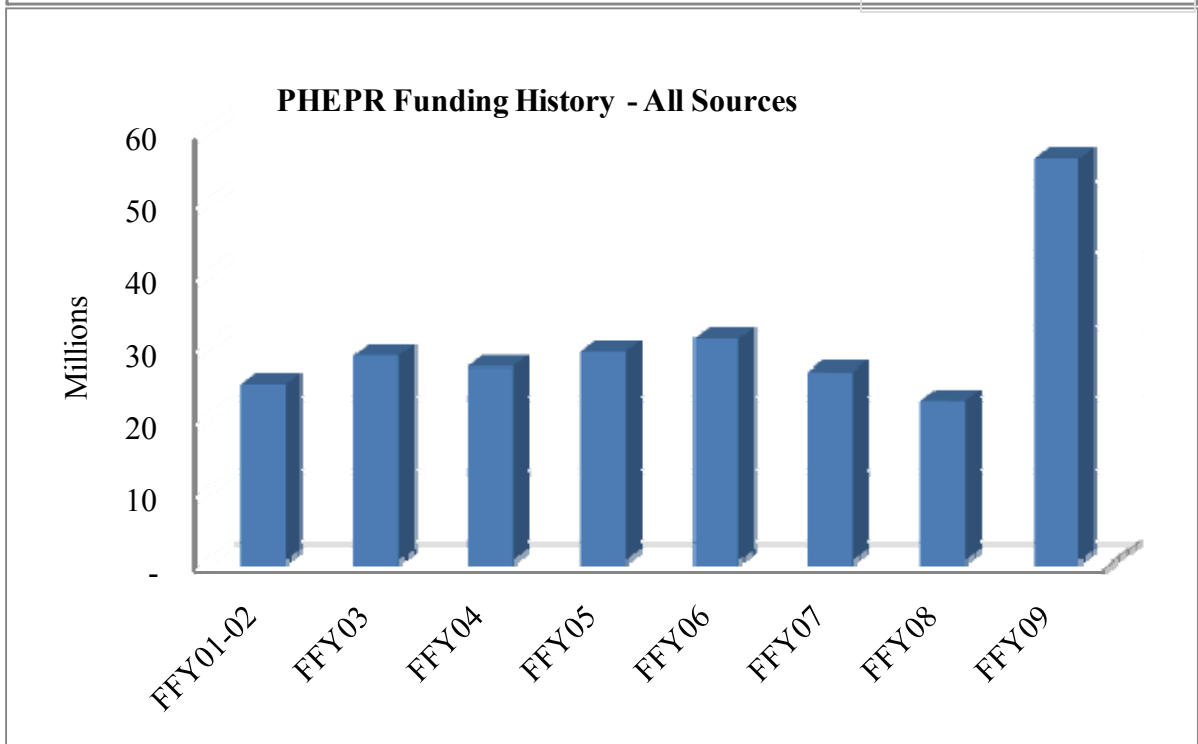
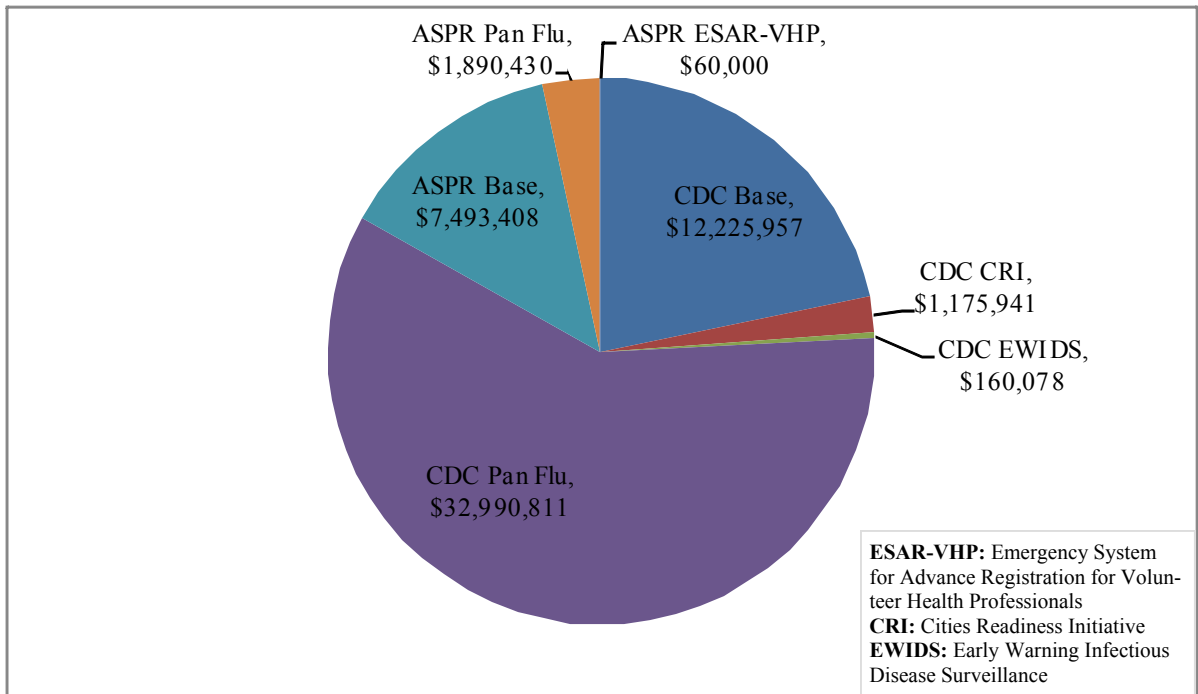
We will continue to develop communication resources to help provide consistent and effective partner communication and public outreach statewide.

Leadership

We will continue to provide leadership in taking an all-hazards approach to public health preparedness and will work with partners in building a comprehensive emergency response system for the people of our state.

Operating Budget

FFY09 PHEPR Funding Sources - \$55,996,625
Centers for Disease Control and Prevention (CDC)
and Assistant Secretary for Preparedness and Response (ASPR)



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Websites

Public Health Emergency Preparedness and Response

<http://www.doh.wa.gov/phepr>

Emergency Medical Services

<http://www.doh.wa.gov/hsqa/emstrauma>

Emergency Resource Guide—2008

<http://www.doh.wa.gov/phepr/handbook.htm>

Emergency Communications Toolkit

<http://www.doh.wa.gov/phepr/toolkit/>

Pandemic Influenza Resources

<http://www.doh.wa.gov/panflu>

Emergency Resources—Spanish

<http://www.doh.wa.gov/phepr/spanish.htm>

Medication Center Signage and Resources

<http://www.doh.wa.gov/phepr/signs/>

Washington Health Volunteers in Emergencies

<http://www.doh.wa.gov/phepr/wahve>

Notifiable Conditions

<http://www.doh.wa.gov/notify/>

Washington State Public Health Laboratories

<http://www.doh.wa.gov/EHSPHL/PHL/>

Learning Management System: SmartPH

<https://fortress.wa.gov/doh/smartph/>

Secure Electronic Communication, Urgent Response and
Exchange System

<http://secur.es.doh.wa.gov/>

Questions regarding this report?

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